

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)

SERIAL NO / 9734460
APPLICANT(S)

FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4	1	1			
5	1	1			
6					
7	2	2			
8	2	2			
9	2	2			
10					
11					
12	2	2			
13	2	2			
14	2	2			
15	2	2			
16	2	2			
17	1	1			
18	1	1			
19					
20	1	2			
21	1	2			
22	1	2			
23	1	2			
24	2	2			
25	2	2			
26	2	2			
27	2	2			
28	2	2			
29	2	2			
30	2	2			
31	2	2			
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44	2	2			
45					
46					
47					
48					
49					
50					
TOTAL IND.	4	1	4		
TOTAL DEP.	38	1	42		
TOTAL CLAIMS	42	1	40		